L21 0000 23531

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TO:	Registration Se Division of Cor			÷	
	- 4-111	AUSTRAL	. CAPITAL LLC		
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			ANIEL E. ROUILLER		
			Name of Person		
		AU	STRAL CAPITAL LLC		
			Firm/Company		
		515 NOI	RTH FLAGLER DRIVE STE P-3	00	
			Address		
		W	EST PALM BEACH, FL 33401		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report no	tification)	
For fur	ther information c	oncerning this matter, please of	all;		
DANIEL E. ROUTLLER		561 255-5097			
	Name o	f Person		me Telephone Number	
Enclos	ed is a check for th	ne following amount:			
■ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUSTRAL CAPITA	L LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appu	ars on our record	5.)
The Articles of Organization for this Limited Liability Company were Florida document numberL21000023531	e filed on _	01/08/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the	designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	··		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address and/or the new registered office address here:	ress on our	records, enter	the name of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter F	lorida street addres	s
, F			orida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance ided for in	of my duties, ai Chapter 605.	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUCAS VITALLER	515 NORTH FLAGLER DR STE P-300	
		WEST PALM BEACH, FL 33401	■Remove
			□Change
MGR	DANIEL E. ROUILLER	515 NORTH FLAGLER DR STE P-300	■Add
		WEST PAI.M BEACH FL 33401	□Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			DChange
			
			□Remove
			□Change
****			□Add
			☐Remove ()

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CURRENT MANAGER IS BEING REPLACED E. Effective date, if other than the date of filing: MAY 17, 2021 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. **MAY 17** 2021 Dated_ Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

LUCAS VITALLER

Typed or printed name of signee